

02-OCT-2000 MON 17:18

S. T. COLB &amp; CO.

FAX 872 8 9454556

P. 04/06

Attorneys Docket No.:

Applicant or Patentee:

Serial or Patent No.:

Filed or Issued:

For:

**VERIFIED STATEMENT [DECLARATION] CLAIMING SMALL ENTITY STATUS**  
**(37 CFR 1.9(d) and 1.27(c)) - SMALL BUSINESS CONCERN**

I hereby declare that I am

- ☐ the owner of the small business concern identified below;  
☒ an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF CONCERN VKB Inc.  
 ADDRESS OF CONCERN 1013 Center Road, Wilmington, Delaware, U.S.A.

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both. I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention entitled DATA INPUT DEVICE, by inventor(s) Boaz Arnon

described in

- ☒ the specification filed herewith  
☐ application serial no. \_\_\_\_\_  
☐ patent no. \_\_\_\_\_

filed

issued

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(d) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e). \*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averting to their status as small entities. (37CFR 1.27).

FULL NAME

ADDRESS

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

FULL NAME

ADDRESS

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING

TITLE OF PERSON OTHER THAN OWNER

ADDRESS OF PERSON SIGNING

SIGNATURE

DATE 2 04/10/2000

02-OCT-2000 MON 17

S. T. COLB &amp; CO.

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P. 03/08

FOR UTILITY/DESIGN  
CIP/PCT NATIONAL/PLANT  
ORIGINAL/SUBSTITUTE/SUPPLEMENTAL  
DECLARATIONS

RULE 63 (37 C.F.R. 1.63)  
DECLARATION AND POWER OF ATTORNEY  
FOR PATENT APPLICATION  
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PM & S  
FORM

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name, and I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the INVENTION ENTITLED

DATA INPUT DEVICE

the specification of which (CHECK applicable BOX(ES))

X ☒ A. ☒ is attached hereto.  
DOX(ES) ☐ B. ☐ was filed on

as U.S. Application No. /

☐ C. ☐ was filed as PCT International Application No. PCT/ / on

app. (if applicable to U.S. or PCT application) was amended on

I hereby state that I have reviewed and understood the contents of the above identified specification, including the claims as amended by any amendment referred to above. I acknowledge the duty to disclose all information known to me to be material to patentability as defined in 37 C.F.R. 1.68. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT International Application which designated at least one other country than the United States, listed below and have also identified below any foreign application for patent or inventor's certificate, or PCT International Application, filed by me or my assignee disclosing the subject matter claimed in this application and having a filing date (1) before that of the application on which priority is claimed, or (2) if no priority claimed, before the filing date of this application:

PRIOR FOREIGN APPLICATION(S)

Number

Country

Day/MONTH/Year Filed

Date first laid  
open or PublishedDate Patented  
or GrantedPriority Claimed  
Yes No

136432

Israel

29 May 2000

Yes

I hereby claim domestic priority benefit under 35 U.S.C. 110(a) or 120 and 365(c) of the indicated United States applications listed below and PCT International applications listed above or below and, if this is a continuation-in-part (CIP) application, insofar as the subject matter disclosed and claimed in this application is in addition to that disclosed in such prior applications, I acknowledge the duty to disclose all information known to me to be material to patentability as defined in 37 C.F.R. 1.68 which becomes available between the filing date of each such prior application and the national or PCT international filing date of this application:

PRIOR U.S. PROVISIONAL, NONPROVISIONAL AND/OR PCT APPLICATION(S)  
Application No. (serial code/serial no.) Day/MONTH/Year Filed

Status  
pending, abandoned, patentedPriority Claimed  
Yes No

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

And I hereby appoint Pillsbury Madison & Butte LLP, Intellectual Property Group, 1100 New York Avenue, N.W., Ninth Floor, East Tower, Washington, D.C. 20005-3918, telephone number (202) 801-3000 (to whom all communications are to be directed), and the below named persons (of the same address) individually and collectively my attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith and with the resulting patent, and I hereby authorize them to print names/numbers below of persons no longer with their firm and to act and rely on instructions from and communicate directly with the prosecution attorney/intermediary/organization who/which first contacted this case to them and by whom/which I hereby declare that I have consented after full disclosure to be represented unless/until I instruct the above firm and/or a below attorney in writing to the contrary.

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## (1) INVENTOR'S SIGNATURE:

Date:

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First	Middle Initial	Family Name	
Modin	Israel	Israel	
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## (2) INVENTOR'S SIGNATURE:

Date:

First	Middle Initial	Family Name	
Residence			
City	State/Foreign Country	Country of Citizenship	
City	State/Foreign Country	Country of Citizenship	
Post Office Address			
(Include Zip Code)			

(FOR ADDITIONAL INVENTORS, check box ☐ to attach PAT 116-2 same information for each re signature, name, date, citizenship, residence and address.)